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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	**Attorney Docket No.** YOR919980405US2 (8718-631 RE)
Assistant Commissioner for Patents	**First Named Inventor** Robert J. Schloss
Box Reissue	**Original Patent Number** 6,249,844
Washington, DC 20231	**Original Patent Issue Date (Month/Day/Year)** June 19, 2001
	Express Mail Label No. EV 329488910US

APPLICATION FOR REISSUE OF: [X] Utility Patent [ ] Design Patent [ ] Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. [X] Fee Transmittal Form *(PTO/ SB/ 56)*
(*Submit an original, and a duplicate for fee processing*)

2. [ ] Applicant claims small entity status. See 37 CFR 1.27.

3. [X] Specification and Claims in double column copy of patent format *(amended, if appropriate)*

4. [X] Drawing(s) *(proposed amendments, if appropriate)*

5. [ ] Reissue Oath/Declaration (original or copy) *(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*

6. [ ] Power of Attorney

7. Original U.S. Patent currently assigned? [X] Yes [ ] No
   (If Yes, check applicable box(es))
   [ ] Written Consent of all Assignees *(PTO/SB/53)*
   [ ] 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)

8. [ ] CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*
   a. [ ] Computer Readable Form (CFR)
   b. Specification Sequence Listing on:
      i [ ] CD-ROM (2 copies) or CD-R (2 copies); or
      ii [ ] paper
   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. [X] Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).

11. [ ] Original U.S. Patent for surrender
    [ ] Ribboned Original Patent Grant
    [ ] Statement of Loss (PTO/SB/55)

12. [ ] Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*

13. [ ] Information Disclosure Statement (IDS)/PTO-1449 [ ] Copies of IDS Citations

14. [ ] English Translation of Reissue Oath/Declaration *(if applicable)*

15. [X] Preliminary Amendment

16. [X] Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

17. Other: ....

18. CORRESPONDENCE ADDRESS

[ ] Customer Number or Bar Code Label *(Insert Customer No. or Attach bar code label here)* or [ ] Correspondence address below

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NAME *(Print/Type)* Frank Chau	**Registration No.** *(Attorney/Agent)*	34,136
Signature	**Date**	6/19/03

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
YOR919980405US2
(8728-631 RE)

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra		Small Entity		Entity	Other than a Small	
					Rate	Fee		Rate	Fee
(A) 64	Total Claims (37 CFR 1.16(j))	(B) 66	*** 2	=	x $ 9 =		or	x $ 18 =	36
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 6	* 2	=	x $ 42 =			x $ 84 =	168
			Basic Fee (37 CFR 1.16(h))		$			$ 750	
			Total Filing Fee	$ 954.00			OR	$	

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	X $ =			x $ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x $ =			x $ =	
			Total Additional Fee		$		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☑ Please charge Deposit Account No. 50-0510/IBM _____ in the amount of ___ 954.00 ___.
A duplicate copy of this sheet is enclosed.

☑ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0150/IBM _____ .
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $ _____ to cover the filing/additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.

6/19/03
Date

Frank Chau
_____
Signature of Applicant, Attorney or Agent of Record

_____
Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: **Application for reissue of Schloss et al., U.S. Patent 6,249,844.**

For: **IDENTIFYING, PROCESSING AND CACHING OBJECT FRAGMENTS IN A WEB ENVIRONMENT**
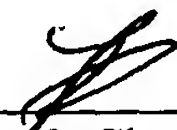
STATEMENT OF STATUS AND SUPPORT UNDER 37 C.F.R. § 1.173(c)

Mail Stop: Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The present reissue application is made to add new claims 65 and 66. Claims 1 to 64 of

the patent remain unchanged. Support for added claims 65 and 66 can be found, for example, in

figures 4 and 7-13 and corresponding text describing these figures in the specification of the

patent.

<div align="right">

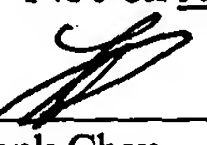Respectfully submitted,

By: Frank Chau
Reg. No. 34,136
Attorney for Applicant

</div>

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